

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>036605</i>	FILING DATE <i>10/02/00</i>
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2		1					52	
3	1						53	
4	1						54	
5		1					55	
6	1						56	
7		1					57	
8	1						58	
9		1					59	
10	1						60	
11	1						61	
12		1					62	
13	1						63	
14	1						64	
15		1					65	
16	1						66	
17		1					67	
18	1						68	
19		1					69	
20	1						70	
21		1					71	
22	1						72	
23		1					73	
24		1					74	
25		1					75	
26		1					76	
27	1						77	
28		1					78	
29	1						79	
30		1					80	
31		1					81	
32	1						82	
33		1					83	
34		1					84	
35		1					85	
36		1					86	
37	1						87	
38		1					88	
39	1						89	
40		1					90	
41		1					91	
42	1						92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	20						TOTAL IND.	
TOTAL DEP.	22						TOTAL DEP.	
TOTAL CLAIMS	42						TOTAL CLAIMS	

BEST AVAILABLE COPY